

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/765,043</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">January 28, 2004</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Tomoko MARUYAMA</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">2144</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">U. Cheema</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">204552031700</td></tr> </table>	Application Number	10/765,043	Filing Date	January 28, 2004	First Named Inventor	Tomoko MARUYAMA	Art Unit	2144	Examiner Name	U. Cheema	Attorney Docket Number	204552031700
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Total Number of Pages in This Submission	10													

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
<div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Benjamin P. Westover		
Date	December 10, 2008	Reg. No.	56,612